

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED DNA SUBJECT INFORMATION	1. DATE OF INCIDENT 18-FEB-2014	TIME 11:28:00	2. ADDRESS OF OCCURRENCE 3146 S DAN RYAN LOCAL DB CHICAGO, IL 60616	3. LOCATION CODE 259	4. BEAT/CCUR 0915			
	5. POSITION 9161	6. LAST NAME CAULFIELD	7. FIRST NAME ROBERT D	8. STAR NO. 11321	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 510	12. HT. 190
	14. DATE OF APPT. 27-AUG-2007	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 009 4115D	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	20. LAST NAME UNKNOWN	21. FIRST NAME	22. M.I.	23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	24. RACE	25. D.O.B.	26. HT.	27. WT.
	28. ADDRESS CHICAGO, IL	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34. BY WHOM? [REDACTED]	35. CONDITION [REDACTED]	36. CHARGES PLACED [REDACTED]	37. CB NO. 00000000	IR NO.	DNA	
	38. DNA	PASSIVE RESISTER		ACTIVE RESISTER	ASSAULTANT: ASSAULT	ASSAULTANT: BATTERY	ASSAULTANT: DEADLY FORCE	
	SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER IN VEHICLE <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____	ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODY HARM <input type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____	
	MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____	OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	FIREARM <input checked="" type="checkbox"/> OTHER _____		
	39. DNA	40. OC/CHMICAL WEAPON AUTHORIZED BY (NAME)		ADDITIONAL INFORMATION OFFICER USED DEADLY FORCE TOWARDS AN UNKNOWN INDIVIDUAL THAT POINTED A HANDGUN IN THE DIRECTION OF R/D.				
WEAPON DISCHARGE INCIDENT	POSITION	STAR NO.	UNIT					
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR					
45. TASER DART ID NO. NPPD88	46. WEAPON SERIAL NO. (Include Letters) R020972S	47. CHICAGO GUN REG. NO. 67420342	48. MODEL 21	49. BARREL LENGTH 4.46	50. CALIBER/GAUGE 45 CAL			
51. SPECIAL WEAPON CERTIFICATE NO.	52. PROPERTY INVENTORY NO.	53. TYPE OF AMMUNITION USED Department Issued	54. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	55. TOTAL NO. OF SHOTS MEMBER FIRED 14				
56. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	57. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	58. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 13	59. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)					
60. DESCRIBE PROTECTIVE COVER USED (LINT POLES, DOORWAYS, CAR, FURNITURE, ETC) IN VEHICLE	61. DISTANCE BETWEEN INVOLVED MEMBER & DEFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input checked="" type="checkbox"/> 02 6 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT							
62. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN	63. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input checked="" type="checkbox"/> 05 OTHER (SPECIFY) IN POLICE VEHICLE							
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.							
SIGNATURES	73. REPORTING MEMBER (Print Name) CAULFIELD, ROBERT D 19-FEB-2014 00:15:08	STAR/EMPLOYEE NO. 11321	SIGNATURE [REDACTED]	74. REVIEWING SUPERVISOR (Print Name) DAVEY, THOMAS D	STAR NO. 1400	SIGNATURE [REDACTED]	DATE REVIEWED 19-FEB-2014 00:28:08	

CPD-11.377 (REV. 10/07)

14049574
TO LEAVE ON

HX15536
11-RD-N

006 1607572
U 14-04
ATT.16

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENT INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject currently being interviewed by detectives.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at the time, it is the preliminary determination of the undersigned that Officer Caulfield acted in compliance with Department policy in that he fired his firearm at an offender in fear for his life, after the offender pointed a handgun at Officer Caulfield.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./GRN#, _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)
ANDREWS, CONSTANTINE G

SIGNATURE

DATE COMPLETED TIME
19-FEB-2014 00:53:28

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF

- | | |
|--|--|
| <input type="checkbox"/> CASE REPORT | <input type="checkbox"/> SUPPLEMENTARY REPORT |
| <input type="checkbox"/> ARREST REPORT | <input checked="" type="checkbox"/> OFFICER BATTERY REPORT |
| | <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) |

- | |
|--|
| <input type="checkbox"/> I.O.D. REPORT |
| <input type="checkbox"/> CR. INITIATION REPORT |

80. TOTAL TRR's THIS EVENT No.

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